

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 10 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County MONROE RANDOLPHRegistration District No. 733

Township

Primary Registration District No. 3034

City

(No. Woodland Hospital)File No. 26042Registered No. 118

St.

Ward)

2. FULL NAME

(a) Residence, No.

St.

Ward.

(Usual place of abode)

R.F.D., HOLLIDAY, MO.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos. 24

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

FEMALE

4. COLOR OR RACE

WHITE

5. SINGLE, MARRIED, WIDOWED, OR

MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFCHESTER F. SANDERS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

JULY 25, 1901

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day, hrs.
or min.321114

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.AT HOME9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)MILLER CO.
MISSOURI

FATHER

13. NAME

JOHN R. PEMBERTON14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Mo.

MOTHER

15. MAIDEN NAME

Raina Bell PEMBERTON16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Mo.17. INFORMANT
(ADDRESS)CHESTER F. SANDERS
R.F.D. HOLLIDAY, MO.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

PARIS, MO.

DATE

7-10193419. UNDERTAKER
(ADDRESS)SPEED & BURKEY
PARIS, MO.

20. FILED

7/91934Virginia Walker

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

JULY 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from

June 15, 1934, to July 9, 1934I last saw her..... alive on July 9, 1934 Death is saidto have occurred on the date stated above, at 2:14 P. m.

The principal cause of death and related causes of importance were as follows:

Cesarian section for bleeding
placenta previa

Date of onset

June 15

Other contributory causes of importance:

1487 149A 1414/2Name of operation Cesarian section Date of July 9/34What test confirmed diagnosis? Operation Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify. No(Signed) R.D. Stigler, M. D.(Address) Moberly, Mo.

